

01/25/02  
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Docket No.: M-12423 US

January 25, 2002

Box Patent Application  
Commissioner For Patents  
Washington, D. C. 20231

Enclosed herewith for filing is a patent application, as follows:

Inventor: John Cauchi  
Title: Multiple Photolithographic Exposures With Different Non-Clear Patterns

|                                     |  |
|-------------------------------------|--|
| <u>X</u>                            | Return Receipt Postcard  |
| <u>X</u>                            | This Transmittal Letter (in duplicate)   |
| <u>5</u>                            | page(s) Specification (not including claims)                                   |
| <u>2</u>                            | page(s) Claims   |
| <u>1</u>                            | page Abstract  |
| <u>6</u>                            | Sheet(s) of Drawings consisting of Figs. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 |
| <u>2</u>                            | page(s) Declaration For Patent Application and Power of Attorney               |
| <u>1</u>                            | page(s) Recordation Form Cover Sheet (in duplicate)                            |
| <u>1</u>                            | page(s) Assignment   |
| <u>1</u>                            | page(s) PTO Form.1449 citing 7 references                                      |
| <input checked="" type="checkbox"/> | Copies of 7 Cited References submitted   |

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10/058174  
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**CLAIMS AS FILED**

| For                      | Number<br>Filed   |     |   | Number<br>Extra |   | Rate    |   | Basic Fee         |
|--------------------------|---|-----|---|-----------------|---|---------|---|-------------------|
| Total Claims             | 13  | -20 | = | 0               | x | \$18.00 | = | \$ 740.00<br>0.00 |
| Independent<br>Claims    | 2   | -3  | = | 0               | x | \$84.00 | = | \$ 0.00           |
| <input type="checkbox"/> | Fee of _____ for the first filing of one or more<br>multiple dependent claims per application |     |   |                 |   |         |   | \$                |
| <input type="checkbox"/> | Fee for Request for Extension of Time   |     |   |                 |   |         |   | \$                |

Please make the following charges to Deposit Account 19-2386:

- ☒ Total fee for filing the patent application in the amount of \$ 740.00  
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 19-2386.

EXPRESS MAIL LABEL NO:

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Respectfully submitted,

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